b. CITY of couloids corporate limits, write RURAL and give O'R. C. LENGTH OF O'R. C. CITY O'N St. Louis S C. LENGTH OF TOWN St. Louis S C. CITY O'NN St. Louis S C. CITY S C. CITY O'NN St. Louis S C. LENGTH OF TOWN St. Louis S C. LENGTH O'NN St. Louis S C. LENGTH O'NN St. Louis S C. LENGTH O'NN St. Length St. Louis S C. LENGTH O'NN St. Louis S C. Length St. Louis S C. LENGTH O'NN St. Louis S C. LENGTH St. Louis S C. LENGTH O'NN St. Louis S C. Length St. Length St. Length St. Louis S C. Length St. Length	И		THE DIVISION OF HE			42297
PRIMAY REG. DIST. NO. PRIMAY REG. DIST. NO. Registrer; No. Registr	FLED NOV	9740 57	STANDARD CERTIF	CATE OF DEATH	State File No.	
a. COUNTY b. CITY (If outside corrected india, write RURAL and give township) b. CITY (If outside corrected india, write RURAL and give township) c. CITY TOWN St. Louis c. FIRST J. MAME OF (If not in beneficial or issuitution, give storet address to township) Jewish Hospital Anna Jewish Hospital Jewis		<u>~ (1857 </u>	_ REG. DIST. NO318	PRIMARY REG. DIST. NO.	003 Registrar's N	<u>, 1111</u>
b. CITY (if outside constructs limite, write RURAL and give TOWN St. LOUIS S CONTON ST. L		ATH		a. STATE	b. COUNTY	admit
A DORES A DATE A DATE ADATE	TOWN St.	Loulis	township) STAY (in this place)	c. CITY OR TOWN Benice	d. la R a ct Y	issidence within limits of the or incorporated town as No
DECEASED Anna Sophie McGee DEATH November 19 11 Second Type or Print) Anna Sophie McGee McGee DEATH November 19 11 Second Type or Print) Type or P	HOSPITAL OR INSTITUTION			3 ADDRESS 633 Jeft		810
10b. USUAL OCCUPATION (Give kind of work done) and of work in all its area if redired) 10b. KIND OF BUSINES OR IN. 1 IBRITIPLACE (City and State or Foreign Constity) 11c. Calvestife 12c. CITIZENOF COUNTRY? At Home 13d. Mother's Maiden Name 13d. Mother's Maiden Name 14d. Name of Husbando or Wife 15d. Mother's Maiden Name 15d. Mother's Maiden Name 16d. Name of Husbando or Wife 15d. Mother's Maiden Name 16d. Name of Husbando or Wife 16d. Or Its and	DECEASED (Type or Print)	•	Sophie	* *	OF Morrow	
At Home At H		,	7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Bpecify)	1	9. AGE (In years if the least birthday) Months	Pays Hours
Adold Nogel Start Record Nogel Start Record Nogel Start Record Nogel Adold Nogel Start Record Nogel Start Record Nogel Start Record Nogel Anna Almis Joe 17. Informant's Signature or Name Adold Nogel Anna Almis Joe 18. Social security 18. Social security 19. Cause of Death Bater only one embody Instructed Nogel Antecedent Causes Medical Certification Needla Certi	done during most of worki	ing life, even if retired)	DUSTRY	City and Si	tett bi ibibiga cotatiy/	COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 1.0. INFORMANT'S SIGNATURE OR NAME ADDRE (You no, or unknown) (If you, give war or dates of service) 1,89-10-6782. II. INFORMANT'S SIGNATURE OR NAME (Granity, Circum) (III. Control of Service) 1,89-10-6782. III. INFORMANT'S SIGNATURE OR NAME (Granity, Circum) (III. Control of Service) 1,89-10-6782. III. INFORMANT'S SIGNATURE OR NAME (Granity, Circum) (III. Control of Service) 1,89-10-6782. III. DISEASE OR CONDITION (III. Control of Service) (III. OTHER SIGNIFICANT CONDITIONS) (III. OTHER SIGNIFICANT C		_	13b. MOTHER'S MAIDEN	NAME 14. N	AME OF HUSBAND'OR WI	FE
(Yem. a.g. quiknown) (If yem. eivre war or dates of service) (If yem. eivre war or dates or dates or or dates or or dates or			Anna Al		HOG	
III. CAUSE OF DEATH Eater only one cause per line for (a), (b), and (e) "This does not mean the mode of dying, such as heart failure, asthenia, itic. It means the dis- case, injury, or compilica- tion which caused death. III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Mobild conditions, if any, giving DUE TO (b) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the death but not related to the death but not related to the death of the death but not related to the death but not rela	(Yes, no. or unknown) (If	IR IN U.S. ARMED F f yes, give war or dates (of service) 189-10-6782	17. INFORMANT'S SIG		ADDRES ranite.Cit
DUE TO (c) DUE TO	Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CA	ONDITION ING TO DEATH*(a)	whol thronly	24.	3 www
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition coursing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bidg., sic.) HOWICIDE 21d. TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from Nort while AT WORK 22. I hereby certify that I attended the deceased from Nort while AT WORK 22. I hereby certify that I attended the deceased from Nort while AT WORK 22. I hereby certify that I attended the deceased from Nort while Objective on 1/1/4, 191/1, and that death occurred at 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		the underlying code	DUE TO (c)		<i>332</i> ×	
21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 21f. HOW D					,	
21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 1/3, 1935, to 1/4, 1917, that I last saw the decease alive on 1/4, 1937, and that death occurred at 1/2010 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree of title) 23b. ADDRESS 23c. DATE SIGNATURE (Poster) Calvary 24d. Location (City, town, or county) (Station, Removal (Specify) to Madison, 1/1. Calvary Edwardsville, Illinois DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FURTHAR DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS (Station) (City, town, or county) (Station) Removal to Madison, 1/1. Calvary Edwardsville, Illinois Address	TION	195. MAJOR FIND	JINGS OF OPERATION			
WHILE AT WORK NOT WHILE NOT WHILE NOT WHILE NOT WORK AT WORK 22. I hereby certify that I attended the deceased from 1/3, 1935, to 1/4, 1937, that I last saw the decease alive on 1/4, 1937, and that death occurred at 1/2010 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree of title) 23b. ADDRESS 23c. DATE SIGNATURE (OPERATORY) 24d. LOCATION (City, town, or county) (Station, REMOVAL (Specify) To Madison, 1/1. Calvary Edwardsville, Illinois DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FURTHAND DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS EASTURE ADDRESS ADDRESS ADDRESS (Station) (Station) (City, town, or county) (Station) (Calvary Edwardsville, Illinois DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FURTHAND DIRECTOR'S SIGNATURE) ADDRESS ADDRE		(Specify) 2	home, farm, factory, street, office bldg., etc.)			(STATE)
alive on	OF	(Day) (Year) (E	WHILEAT CO NOT WHILE CO	21f. HOW DID INJURY OCCUR	1	
24a. BURIAL, CREMA- 24b. DATE /24. KAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Station, Removal to Madison, U1. Calvary Edwardsville, Illinois DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S BIGNATURE ADDRESS NOV 2057 6. Carl Smith M.S. 1000 100	alive on	the Lattended th	I, and that death occurred at	1:05 Pm., from the caus	9., 1997, that I lose and on the date state	ted above.
NOV 20 57 Carl Smith m. S. Funcia Steady Magnetical Steady Magneti	trans	D Sec	ruming, md	100 hs. Eve	W	23c. DATE SIGN
NOV 2057 PEG. J. Earl Smith on & Marin & Fakey Washin	24a. BURIAY, CREMA TION, REMOVAL (Breat) Remov	<u>ral to Madis</u>	son, U1. Calv	ary 3	Edwardsville,	Illinois
	NIA DEC	L REGISTRAR'S SI	l smith on &	25. FUNERAL DIRECTOR'S	Jakey M	adion

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme by me, or by

working under my personal supervision..

Signature of Student Embalmer

., Student Embalmer No...

Licensed Embalmer No.

P. O. Address /. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failus

to comply with the above constitutes grounds for revocation of license). . If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.